



MISSISSIPPI ASSOCIATION OF HIGHWAY SAFETY LEADERS

MEMBERSHIP REGISTRATION

NAME _____

PHONE (____) _____
Area Code

ORGANIZATION _____

FAX (____) _____
Area Code

ADDRESS _____

CELL (____) _____
Area Code

CITY _____ STATE _____ ZIP _____

EMAIL _____

I would like to serve on the following committees: *(Please check your interests)*

_____ *Alcohol/Drug Countermeasures*

_____ *Data & Evaluation*

_____ *Law Enforcement (Includes Speed/Motorcycle)*

_____ *Legislation*

_____ *Youth*

_____ *Occupant Protection*

_____ *Public Information/Education*

Please list any boards or councils related to transportation safety on which you serve(d):

Please list any awards you have received in transportation safety:

MAHSL may publish information that includes a list of organizations with representatives who are members of MAHSL. May we use the name of your organization?

(Please Circle): YES NO

Would you be willing to be a contact person for your local news media?

(Please Circle): YES NO

List city of residence if different from city of organization: _____

Please return to: **MISSISSIPPI OFFICE OF HIGHWAY SAFETY**

1025 Northpark Drive

Ridgeland, MS 39517

FAX: **601.977.3701** OR Email: **MOHS@dps.ms.gov**